U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U-16 086

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 12004 4. Name, file number, and address of labor organization.

Name ELGEN MBRACKENS	Name Communication File Number 1000-188			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 501 THIRD ST NW	Street 501 THIRD ST NW			
CHY WASHINGTON DC	CHY WASHINGTON DC 20001			
State ZIP Code + 4 2000	State ZIP Code + 4			
5. Position in labor organization. EX. ASSISTANT TO	SECRETARY-TREASURER			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street	7.0. Allouni.			
City				
State ZIP Code + 4				
Sígi	nature			
15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information			

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Telephone Number

2/XCON DICHTIA	1/2	
B. Held an interest in or derived income or economic benefit with monetary values bubstantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	٠.
Name MFS INVESTMENT MANGEMEN	T	·
Trade Name, if any:	a. Labor Organization	
And a second district of the second statement of the second secon	b. Trust	a ta
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 500 BOYLSTON 57.		
city $B6570N$		
State ZIP Code + 4 02116		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	INVESTMENT MA	NAGEMENT
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
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	Residencies foliation (IN) - and commence an	
	12.b. Amount.	544,99
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	ler parts A and B above) y or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	and constitution and approximate the control of the
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No. 11	4.4. L. Amazum - E =	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

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Name of Person Filing E/LECN BRACK	ens	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included in which your labor organization or with a trust in which your labor organization.	wise dealing with the busine vely seeking to represent, o lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name PMALGAMATEC BANK Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 15 UNION SQUARE City NEW YORK State NEW YORK ZIP Code +4 10003	9. Business deals with: a. Labor Organi b. Trust c. Employer	zation
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such de	aling.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar	ratue of such dealing. APPROX. 50,000,000 neld or income received. C:FT
	12.b. Amount.	38.22
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	14.a. Nature of paymen	
City		: :

14.b. Amount of payment.

13.b. Is the Business an Employer

State

ZIP Code + 4

or Consultant

Name of Person Filing ELLECN BRACKENS	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or 2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name SCGAL CO Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 1920 N ST N W City WASHINGTON DC State ZIP Code +4 20036	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. ACTUARY SERVICES	
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Business Lunch	
C. Received from any employer (other than an employer covered undo		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P,O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

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Name of Person Filing EILEEN BRACKE	File Numb	er U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name CHLIBRE CPA GROUP	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 1850 K ST. NW	Tanada or campoyor	
City WASHINGTON DC		
State ZIP Code + 4 20006		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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	12.b. Amount.	39.55
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	•
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	, and the second
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14.b. Amount of payment.

or Consultant

13.b. Is the Business an Employer

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name CALIBRE CPA GROUP	X -2	
Trade Name, if any:	a. Labor Organiza	ation
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Street 1850 K STREET NW	c. Employer	
city WASHINGTON DC		
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	
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	12.b. Amount.	39.95
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general de la grande	14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant ?	The same of paymone.	

Name of Person Filing E/LEEN BRACKENS		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name CALIBRE CPA GROUP Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1850 K ST NW City WASHINGTON DC State ZIP Code +4 2000 C	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ition
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	12.a. Nature of interest hel	Services ue of such dealing PPRO 250,000 Id or income received.
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C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	12.b. Amount.	LUNCHEON 46.45
C. Received from any employer (other than an employer covered unde	12.b. Amount.	LUNCHEON

Name of Person Filing EILEEN BRACKEN) (File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionable (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business rely seeking to represent, or lirectly to, or otherwise	
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	14.a. Nature of payment.	
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14.b. Amount of payment.

Form LM-30 (2003)

13.b. Is the Business an Employer

or Consultant

Name of Person Filing Eilcen Brackens	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise d. aling with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name CPLIBRC CPH GROUP Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1850 K ST. N. W. City WASHINGTON DC. State 2IP Code +4 20006	9. Business deals with: a. Labor Organization b. Trust c. Employer	
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	